



Sarah Scott Dooling, LCSW, RPT-S
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Services Agreement

Welcome! This document outlines the policies and guidelines I follow in my practice. Please make sure you read through this entire document and understand the terms.

In our first session, I will spend some time going through key points highlighted below to make sure we both have an understanding of how we can work together considering these terms. I welcome any questions from you in our first meeting and *any time following*. I understand the paperwork portion can seem long and tedious but this will help me understand how best to serve you and help you know what to expect from me as your therapist.

Statement of confidentiality:

Trust is an important aspect of the therapeutic relationship. Your confidentiality is my utmost concern for maintaining this trust. However, there are times when I am legally and ethically required to break confidentiality.

In such circumstances I only disclose the least amount of information necessary to meet my legal and ethical guidelines. If this occurs, and if it is safe for me to do so, I will inform you of any breaches of your confidentiality as soon as possible.

Below are situations in which I am required to release information to a necessary entity:

1. If I feel you may be a danger to yourself or to another identified person or persons
2. If I learn of suspected abuse of any child under the age of 18
3. If I learn of suspected abuse of any dependent/elder adult
4. If I receive an order by a judge

Please also note that if you choose to use your insurance for payment or reimbursement, your insurance company will be able to access your treatment records.

Payment: I require payment at the end of each session. You may pay via cash, check or credit card. My fee for one 45-50 minute session is \$ _____.



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Process of Therapy: Therapy is not a treatment that can be predicted. However, one of the greatest predictors for “success” in therapy is connection with your therapist. Therefore, I encourage you to discuss any concerns along the way and I will let you know if I think I may not be the best fit for your needs.

Scope of Practice

I am a Licensed Clinical Social Worker (LCSW) and a Registered Play Therapist-Supervisor (RPT-S) and am governed by the Board of Behavioral Sciences Board of California and the Association of Play Therapy. My scope of practice is limited to therapeutic services and I am not a medical professional. My priority is to ensure you receive the appropriate services and this means I may need to refer you to adjunctive or other services if I feel they may be necessary and they are outside my scope of practice.

Risks and benefits of therapy:

I cannot guarantee that you will see improvement in your relationships or emotions as a result of our work together. Therapy requires multiple things in order to be considered “successful.” These include involvement from you and a comfortable connection between the two of us, as well as clear expectations for what may be possible as a result of our work together.

I encourage you to discuss with me your goals, expectations and concerns at all points during our work together. We will continue to discuss how treatment is working for you throughout our time together and if at any time I feel my treating you may be detrimental then I will recommend we discontinue treatment and provide you with appropriate referrals.

There are times when therapy may bring up unexpected emotions or reactions to relationships. Some things we discuss may surprise you as you learn more about yourself and gain insight. It is possible that you may actually start to feel “worse” before feeling you have attained your goals. If that is the case, it’s important we discuss these feelings along the way.

It is also possible that as a result of our work together, you may wish to adjust how you interact with people in your life. That may mean engaging in some relationships more or



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disconnecting from other relationships. It is important you discuss with me any concerns or trepidation about these things if they arise.

Course of treatment:

We will spend the first 1-3 sessions deciding if we are a good fit and determining your needs. We will identify your goals and revisit these goals throughout our work together, as I find these often change over time.

Once we mutually agree that your goals for treatment have been met, we will determine an appropriate timeframe for ending our work together. Many clients prefer to do this slowly by reducing the number of sessions and some return periodically during stressful times later in life. Please know this process will be very transparent and we will work together to determine what is best for you.

Appointments

Cancelled appointments:

All cancellations require 24-hour notice or you will be billed \$60. I may choose to make exceptions for extenuating circumstances. We may also choose to hold the session over the phone instead of in the office.

Missed appointments:

All missed appointments (no show, no cancellation) will be billed at the agreed upon regular session rate. If I have your credit card number on file, your credit card will be billed at the scheduled session time. If I do not hear from you after a missed appointment and have reason for concern, I may reach out to your identified emergency contact to ensure your wellbeing.

Late appointments:

All sessions begin at the scheduled time and last 45-50 minutes. If you arrive late, we will meet until 45-50 minutes after your scheduled session time.

Please note that multiple missed/cancelled appointments and late arrivals may require us to discontinue treatment. In this circumstance, I will discuss with you in person or by phone how we should proceed.



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Office Hours & Communication: I am often not immediately available by telephone. While I am typically in my office between 9:00 am and 6:00 pm on Mondays, I will not answer the phone when with a client. When unavailable, my telephone is answered by voice mail that I monitor frequently. I will make every effort to return your call within 48 hours, with the exception of weekends and holidays.

E - Mails:

Email is a popular, yet insecure form of communication. When you send an email it has the potential to be seen by many people prior to reaching its destination. For this reason, I will never discuss anything clinical with you via email and I ask you to refrain from doing so, as well. I also will never send you an email that contains extensive amounts of what is considered Personal Health Information (PHI). These include things such as social security number or health insurance member ID.

Email may be appropriate for communication regarding appointments, but please be aware the above warning still applies. If you would like to use email communication, please discuss with me.

Social Media

I maintain social media accounts for my practice. These accounts serve to promote my services and offer encouragement and resources. They are not a substitute for treatment by a licensed mental health professional and nothing shared should be interpreted as a personal message.

I do not interact with clients via social media. I also do not expect you to follow any of my accounts based on our work together. If you choose to follow one of my accounts and do reach out to me via that method, we will discuss that further in our next session. I may remove your communication/comment/message from my account if I feel it violates your confidentiality.

Court Policy

Please be advised that I do not participate in person, by phone or in writing in any court related matter that you may be a party to or become a party to in any way. I do not write letters regarding your treatment to any court entity. At no time will I offer an opinion or recommendation in any court matter, especially as it relates to custody.



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Please be advised that should I be requested to write a letter on any court related matter, I will NOT be stipulating in writing or in person as to an opinion. As your therapist, I may only provide observations and feedback. At no time will I make a recommendation in regards to custody or any other court related matter.

If a court order is served and is requesting that I be present in person and/or there is a request for records, I will request your consent before turning over confidential information. I will discuss with you exactly what has been requested by court and there is no guarantee that the information will be kept confidential. This information includes mental health history, current status and inclusive records and may not be in your best interest. The therapist-client relationship does not render me as your advocate. I will withhold any opportunity to engage in a dual relationship in this way.

Consultation Disclosure: There are times when I consult with other licensed mental health professionals about my cases. During these discussions, I make sure to disclose as little information as possible in order to protect your confidentiality. If I feel there is an instance when consultation may require more information and may be helpful for our work together, I will talk with you beforehand about how to proceed.

Emergency Procedure: If you feel you are experiencing a life-threatening emergency, please call 911. In the case of emergency or crisis, you can also call the Access and Crisis Line at 1-888-724-7240. Please do not call my office expecting an immediate response for an emergency or crisis situation. Emailing, Skype, instant messaging, SMS, MMS, and other forms of communication by phone, computer, or other devices otherwise referred to as “text messaging”, “video conferencing”, or “instant messaging” are not effective means of communication in an emergency.

Medical Records and Your Right to Review Them:

As a mental health professional, I keep records about our work together. This includes notes on sessions, meetings, phone calls and any other communication with or about you. Unless I feel it would be significantly harmful to you, you are able to access your records at any time.

I require 15 days of notice prior to allowing you to view your records. If you would like a copy of your records, I require 30 days of notice and will charge a fee of .25 per page. Oftentimes, clients request copies of records with the intent of securing a treatment summary for an



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outside entity. If that is the case, I am happy to provide such a summary with your written consent. This is often preferable to giving someone access to your entire treatment record.

Termination: You have the right to end therapy at any time without any moral, legal, or financial obligations other than those already accrued. I ask that you contact me by phone if you choose to discontinue services.

I agree to the above listed terms and conditions for services. I acknowledge that I have read and understood these terms and that my therapist has reviewed them with me, allowing for questions and discussion.

Client Signature: _____ Date: _____

Guardian (if applicable): _____ Date: _____

A Note About Confidentiality with Minors

It is important to note that you, _____, are the client and not your parent or guardian. That means I will respect your privacy and keep information shared in session as confidential. However, if I feel there is an issue that may relate to your safety, I may need to discuss that issue with your parent/guardian. *This is in addition to and potentially outside of the issues already listed above* in the confidentiality clause.

There are also times when it is helpful to involve parents/guardians in various ways. This may include things like updates or discussion before or after our session, joint sessions where we all meet together, or phone calls. We will discuss this together if any of these seem beneficial. In most circumstances, it is not my practice to keep phone calls or other communication from parents/guardians secret from my clients. If your parent/guardian raises concerns outside of our meeting together, I will discuss with them the best way to address this with you. I encourage all of us to keep communication as open as possible.

Please also review and sign additional "Consent to Treat a Minor" form.